

49 12

Write plainly with Unfading Ink.—This is a permanent Record.
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

Supplement Attached

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State No. 2	
County of <u>Apache</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Esagar</u>	City of _____	Co. Registrar's No. <u>34</u>	
(No. _____) St. _____ Ward _____		Local Registrar's No. <u>4</u>	
FULL NAME OF CHILD <u>Albert Pulsipher Baby</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>M</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>Yes</u>	Date of Birth <u>Apr. 12</u>	19 <u>21</u>	Yr.
Full Name FATHER <u>Albert J. Japp</u>		Full Maiden Name MOTHER <u>Pauline Harriet Pulsipher</u>	
Residence <u>St. Johns Ariz</u>		Residence <u>St. Johns</u>	
Color or Race <u>W</u>	Age at last Birthday <u>23</u> Years	Color or Race <u>W</u>	Age at last Birthday <u>22</u> Years
Birthplace <u>St. Johns Ariz</u>		Birthplace <u>Conecho Ariz</u>	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 12 1921, at 12:20 M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature H. B. Kaufmann
Attending physician, midwife, householder.*

Address Springville
E. J. Tidall
LOCAL REGISTRAR.

supplemental report _____ 191____
169-401-779
COUNTY REGISTRAR.

Filed Apr 14 1921
4/10 191____
A True Copy
J. J. Bonedini
COUNTY REGISTRAR.